

**Town of Palm Beach Recreation Department
2018 Information & Release Form**

Participant Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ D.O.B. _____ Phone/cell phone: _____

Proof of Age is required for youth programs (i.e. birth certificate, passport)

E-mail address: _____

Participant/Parent City of Employment: _____

Child's School: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Person to contact in case of emergency when parent/guardian cannot be reached:

Name: _____ Daytime Phone: _____ Relation: _____

Name: _____ Daytime Phone: _____ Relation: _____

Please list any special medical issues, allergies or instructions you feel staff should be aware of. A medical form (available at the Recreation Department main office) must be filled out by your physician in order to dispense any medication. _____

Additional person(s) **authorized** to pick up your child (Must show valid I.D.): _____

Program Waiver and Release of All Claims: (All Participants Sign)

I agree to waive all claims my minor child/ward or myself may have as a result of participating in the Town's Recreation Program(s). I further agree to fully release and discharge the Town of Palm Beach, its officers, employees, and representatives from and against any and all losses, damages, injuries of any kind as a result of either myself or my minor child/ward's participation in such Recreation Program(s). In the event of an emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician, and /or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of all medical service rendered. I give consent to use any photograph taken of me or my minor child/ward during recreation activities, classes or programs for future recreation brochures and promotional material.

Signature of Participant/Parent/Guardian _____

Date _____

Camp/After School Program Participants Only

I have read and fully understand the Town of Palm Beach Policies & Discipline Procedures and the Program Waiver and Release of All Claims. I also understand payment is due in full at time of registration to guarantee space for my child and a late fee may be charged if my child is picked up after program conclusion. (please initial) _____

My child has permission to sign themselves in/out of the Recreation Center Programs (please initial) _____

Signature of Participant/Parent/Guardian _____

Date _____